FRAMEWORK FOR TERRITORY EVALUATION OF CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

(Edited to reflect Territorial programs while meeting requirements under Section 2108(b) of the Social Security Act)

Territory: **U.S. VIRGIN ISLANDS**
(Name of Territory)

The following Territory Evaluation is submitted in compliance with Title XXI of the Social Security Act (Section 2108(b)).

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SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR SCHIP PROGRAM

This section is designed to highlight the key accomplishments of your SCHIP program toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the SCHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 Enrollment in Territory-wide Medicaid program

1.1.1 What is the estimated number of children eligible for Medicaid? Please also describe the methodology used to determine this estimate.

Estimated number of children *eligible* for Medicaid in the Virgin Islands is double the current number of 11,299 Medicaid children in 1999. The Virgin Islands does not use the federal poverty level to determine income criteria due to the fact that we were congressionally capped at $5.9 Million for 1999. If we were able to utilize the federal poverty level guidelines, I anticipate a doubling of the Medicaid roles. Because of the cap, a family of four in the Virgin Islands cannot have income which exceeds $8500/year.

1.1.2 How many additional children have been covered under Medicaid with the use of additional federal funds provided under Title XXI?

None. Federal CHIP dollars are being used to pay the unreimbursed costs of our current Medicaid eligible children once Medicaid dollars run out.

1.2 Please explain any differences in the estimate of the total number of children eligible for Medicaid versus the total number of children covered by the program. In addition, please explain the unique structure of your program, such as how Title XIX and XXI funds work together to continue services for enrolled children and to cover additional children under Medicaid.

The Virgin Islands SCHIP program expands federally funded Medicaid to children under 19 receiving services through a territory-funded program. These children meet current Medicaid eligibility requirements. However, since territories have a cap on federal expenditures, these children receive services which are unmatched with federal funds through state-only funds once all the available Medicaid federal matching funds have been used.

The unique structure of the program is that the Territory is congressionally capped based on a formula that has no relevance to running a Medicaid program. Our federal allocations are based on the medical component of the consumer price index as opposed to the federal poverty level used

by the federal government to determine allocations to the states.

1.3 What progress has been made to achieve the Territory's strategic objectives and performance goals for its SCHIP program(s)?

Please complete Table 1.3 to summarize your Territory's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List the Territory's strategic objectives for the SCHIP program, as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Because of the limited funding given to the Virgin Islands for the SCHIP program, a standard SCHIP program could not be established. Therefore, we were allowed to utilize SCHIP funds to pay for Medicaid children who incurred medical bills after the Medicaid federal allocation ran out. Since this is being done and no official SCHIP program could be established, the goals and objectives stated in the initial application are null and void. We do not have an outreach program and we are not reducing the number of uninsured children because the money is being used to pay for already reached and enrolled Medicaid children.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Coordinate with Title XIX regarding services to Medicaid ineligible children based on BBA 2110(b)(3)	Provide medical services to Medicaid children who become ineligible for Medicaid since federal Medicaid funds have been exhausted.	Data Sources: Medicaid enrollment and expenditure reports Methodology: After federal Medicaid expenditures were exhausted, identified expenditures and number of additional children who received medical services up to the amount of the SCHIP allotment Progress Summary
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Conduct an effective outreach program to ensure that all eligible children are aware and enrolled in the program.	Because of the limited funding received in both the Medicaid and SCHIP programs, there is no outreach being performed as SCHIP dollars are used to pay for medical bills already incurred by Medicaid children after federal dollars ran out.	Data Sources: Methodology: Numerator: Denominator: Progress Summary:

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Ensure that enrolled children have access to care	All Medicaid children have access to public health clinics and hospitals along with off island specialty care when needed.	Data Sources: Methodology: Numerator: Denominator: Progress Summary:
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Ensure that enrolled children have access to primary and preventative care services	All children have access to primary and preventative care services such as MCH, EPSDT services, 0-3 programs, etc.	Data Sources: Methodology: Numerator: Denominator: Progress Summary:

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OTHER OBJECTIVES		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:

SECTION 2. BACKGROUND

This section is designed to provide background information on SCHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your Territory? Please provide any additional information regarding the use of Title XXI funds not outlined under Section 1.1.3.

2.1.1 List all programs in your Territory that are funded through Title XXI. (Check all that apply.)

X Providing expanded eligibility under the Territory's Medicaid plan (Medicaid SCHIP expansion)

Name of program: The CHIP Program

Date enrollment began (i.e., when children first became eligible to receive services): 10/1/97

2.2 What environmental factors in your Territory affect your SCHIP program?

The Medicaid Program of the Virgin Islands is congressionally capped at $5.4 Million for FY 1999. However, the entire program cost $13.4 Million. Therefore, the Territory of the Virgin Islands expended $8.03 Million. This means that the federal government contributed 40% and the local government contributed 60% to the total cost of the program. Congress also mandated that the FMAP must be 50%, but as you can see from the above, the breakdown is really 40%/60%. Nowhere in the United States does this situation exist where the state is contributing more to the Medicaid program than the federal government. Additionally, the formula used to determine the amount of dollars allocated to the territories is based on the medical component of the consumer price index which has no relevance to running a Medicaid program in the territories. States, on the other hand, are allocated dollars based on a reasonable formula.

2.2.1 Explain the federal fiscal ceiling and statutory limits on the FMAP and describe the effects on your Medicaid program. (Section 2108(b)(1)(E)

Under Sections 1905(b) and 1101(a)(8)(A), the Virgin Islands is limited to a federal medical assistance percentage of 50, regardless of per capita income. Due to this statutory limit, FMAP is set at 50% rather than the higher amount it would be if calculated the way it is for the states. The Virgin Islands cannot exceed the federal fiscal ceiling which Congress establishes. The Virgin Islands far exceeds its federal fiscal ceiling as indicated in 1.1.1. The result is a form of health care rationing not experienced in the states. For example, the Territory does not promote or encourage enrollment into the Medicaid program because the local government cannot financially handle the burden of 60-70% of the total cost of the program. Additionally, services such as air ambulance service and prosthetic devices, to name a few, are not offered. We have had to cut out

many optional and some required services in order to handle the critical life and death needs of our Medicaid patients.

2.2.3 Describe changes and trends in the Territory since implementation of your Title XXI program that "affect the provision of accessible, affordable, quality health insurance and health care for children." (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your SCHIP program.

___ Changes to the Medicaid program

___ Presumptive eligibility for children
___ Coverage of Supplemental Security Income (SSI) children
___ Provision of continuous coverage (specify number of months ___)
___ Elimination of assets tests
___ Elimination of face-to-face eligibility interviews
___ Easing of documentation requirement
_X_ Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify):

Impact of welfare reform on the Virgin Islands: we were given very little monies for welfare reform, exactly $176,000 and then we discovered that the $176,000 was placed *inside* the cap. This meant that we were not given any additional monies. Instead, the federal government, in their wisdom, *penalized* the territories by taking the monies out of the already established Medicaid cap, thereby reducing our cap even further. Additionally, because of the five year limitation on permanent residents receiving Medicaid and the illegal immigration problems similar to California and Texas, the burden of handling these permanent residents and illegal immigrants fall on the shoulders of the local government who must bear the burden of paying for health care for these types of patients, thus creating an even heavier burden on the local government. The problem of illegal aliens delivering babies on American shores present many major problems as the mothers usually did not have prenatal care and present with very sick babies which the local government must pay for. Welfare reform has not been kind to the territories

___Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

- ___ Health insurance premium rate increases
- ___ Legal or regulatory changes related to insurance
- ___ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
- ___ Changes in employee cost-sharing for insurance
- ___ Availability of subsidies for adult coverage
- ___ Other (specify) _____

___ Changes in the delivery system

- ___ Changes in extent of managed care penetration (e.g., changes in HMO, IPA, PPO activity)
- ___ Changes in hospital marketplace (e.g., closure, conversion, merger)
- ___ Other (specify) _____
- ___ Development of new health care programs or services for targeted low-income children (specify)_____

_X__ Changes in the demographic or socioeconomic context

- _X_ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify). See notes above regarding immigration problems.
- ___ Changes in economic circumstances, such as unemployment rate (specify) _____
- ___ Other (specify)_____
- ___ Other (specify) _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter "NA."

Table 3.1.1

	Territory-wide Medicaid Program
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))	*Territory - Wide*
Age	*0-18*
Income (define countable income)	*Family of four – not above $8,500 per family. Each additional member, add $1000.*
Resources (including any standards relating to spend downs and disposition of resources)	*Family can own domicile. Rental property part of income. Resources allowable level: $1500 per family with $100 additional for each member*.
Residency requirements	*No residency requirements*
Disability status	*Between 21-64, must apply for disability in order to qualify for Medicaid*
Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))	*N/A*
Other standards (identify and describe)	

3.1.2 How often is eligibility redetermined?

Table 3.1.2	
Redetermination	Territory-Wide Medicaid Program
Monthly	
Every six months	Depending on specific case, eligibility can be done at 3, 6, or 12 months
Every twelve months	
Other (specify)_____	

3.1.3 Is there retroactive eligibility, presumptive eligibility, or guaranteed eligibility for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

There is no retroactive eligibility, presumptive eligibility, or guaranteed eligibility per se.

Benefits for SCHIP eligible individuals in the Virgin Islands were previously provided through non-Medicaid Territory-only funded health insurance programs. The Territory claims enhanced SCHIP match for expenditures made within their current health programs which exceed their current (non-SCHIP) Medicaid funding limitations. It is only an expansion of the Federal dollars to cover expenditures for services that they are already providing to children.

In general, the SCHIP dollars are used to pay for services the Territory is already providing to children, which in States would be eligible for FFP but because of the Federal funding cap were paid for from the Territories' own funds. Once the Territory's spending exceeds the Federal Medicaid cap, it is eligible to use the SCHIP dollars to pay for Medicaid services they are currently providing for children.

3.2 What benefits do children receive and how is the delivery system structured? (Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Please complete Table 3.2.1 **for your Medicaid program**, showing which benefits are covered, the extent of cost-sharing (if any), and benefit limits (if any). Enter NA if not applicable.

Please note that the Virgin Islands Medicaid recipient has no freedom of choice. Therefore, all clients must utilize one of the two government territorial hospitals and clinics for their care (done internally). Any care received outside of these facilities must have prior approval by Medicaid which sets the number of inpatient days of hospitalization based on the diagnosis. Additional days must be preapproved. All outpatient procedures done outside of the above setting must be preapproved by Medicaid

Table 3.2.1 Territory-wide Medicaid Program VIRGIN ISLANDS			
Benefit	Is Service Covered? (✓ = yes)	Cost-sharing, where applicable	Benefit Limit, **where applicable** (Specify)
Inpatient hospital services	Yes	NA	None, if done internally
Emergency hospital services	Yes	NA	None, if done internally
Outpatient hospital services	Yes	NA	None, if done internally
Physician services	Yes	NA	None, if done internally
Clinic services	Yes	NA	None if done internally
Prescription drugs	Yes	NA	Any prescription over $200 must have prior approval by Medicaid
Over-the-counter medications	No except for vitamins for prenatal women	NA	No limit but prescription must be written by MD
Outpatient laboratory and radiology services	Yes	NA	Must have prior approval by Medicaid
Prenatal care	Yes	NA	None if done internally
Family planning services	Yes	NA	None if done internally
Inpatient mental health services	No	NA	N/A
Outpatient mental health services	Yes	NA	None if done internally

Table 3.2.1 Territory-wide Medicaid Program VIRGIN ISLANDS			
Benefit	Is Service Covered? (✓ = yes)	Cost-sharing, where applicable	Benefit Limit, **where applicable** (Specify)
Inpatient substance abuse treatment services	Yes	NA	Only if done in an acute setting. We do not cover rehabilitation services in rehab center
Residential substance abuse treatment services	No	NA	N/A
Outpatient substance abuse treatment services	Yes	NA	None if done internally
Durable medical equipment	No	NA	N/A
Disposable medical supplies	No	NA	N/A
Preventive dental services	Yes	NA	None if done internally
Restorative dental services	Yes	NA	None if done internally
Hearing screening	Yes	NA	None if done internally
Hearing aids	Yes	NA	Must be preapproved
Vision screening	Yes	NA	None if done internally
Corrective lenses (including eyeglasses)	Yes	NA	Follow fee schedule
Developmental assessment	Yes	NA	None if done internally
Immunizations	Yes	NA	None if done internally
Well-baby visits	Yes	NA	None if done internally
Well-child visits	Yes	NA	None if done internally
Physical therapy	No	NA	N/A
Speech therapy	Yes	NA	None if done internally
Occupational therapy	No	NA	N/A
Physical rehabilitation			

Table 3.2.1 Territory-wide Medicaid Program VIRGIN ISLANDS			
Benefit	Is Service Covered? (✓ = yes)	Cost-sharing, where applicable	Benefit Limit, **where applicable** (Specify)
services	No	NA	N/A
Podiatric services	Yes	NA	None if done internally
Chiropractic services	No	NA	N/A
Medical transportation	Yes/No	NA	Commercial Airline only – no air ambulance
Home health services	No	NA	N/A
Nursing facility	Yes	NA	Limited to a cap of 20 patients
ICF/MR	No	NA	N/A
Hospice care	No	NA	N/A
Private duty nursing	No	NA	N/A
Personal care services	No	NA	N/A
Habilitative services	No	NA	N/A
Case management/Care coordination	Yes	NA	Inhouse only
Non-emergency transportation	Yes	NA	Commercial airline if authorized to travel off island. $520/year routine transportation.
Interpreter services	No	NA	N/A
Other (Specify)_____		NA	
Other (Specify)_____		NA	
Other (Specify)_____		NA	

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to SCHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

We try as closely as we can to provide the regular Medicaid benefit package. However, because of the severely restrictive congressional cap placed on the territories, we are forced to run a bare-bones program. We are forced to essentially health ration our services and we concentrate on the acute life and death medical needs of patients versus preventative services. Some enabling services are available. Because we are geographically isolated, specialty medical services are very limited, requiring the Medicaid program to transport off island patients who require specialty medical care such as cardiovascular surgery, etc. This proves to be very expensive. In the Virgin Islands, our clients do not have freedom of choice and therefore must utilize our public health clinics and hospitals for all of their care. Any deviation from that care must be preapproved by Medicaid.

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply. Enter NA if not applicable.

Table 3.2.3	
Type of delivery system	Territory-wide Medicaid Program
A. Comprehensive risk managed care organizations (MCOs)	N/A
Territory-wide?	___ Yes ___ No
Mandatory enrollment?	___ Yes ___ No
Number of MCOs	
B. Primary care case management (PCCM) program	N/A
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)	N/A
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)	**X**
E. Other (specify)_____	
F. Other (specify)_____	
G. Other (specify)_____	

3.3 How much does SCHIP cost families?

None of the Territories impose cost-sharing on any families covered under Title XXI or Medicaid.

3.4 How do you reach and inform potential enrollees? Please discuss any client education or outreach approaches used by your Medicaid/SCHIP program and any settings in which education/outreach is conducted.

Since the Virgin Islands uses all CHIP funds to pay for medical bills incurred by Medicaid patients once the federal Medicaid monies run out, there is no patient education or outreach done. There are no potential enrollees since the CHIP monies are used to pay Medicaid bills.

3.5 What other health programs are available to SCHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among Medicaid programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between Medicaid and other programs (such as MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5

Type of coordination	Maternal and child health	Other (specify) _____	Other (specify) _____
Administration	**X**		
Outreach			
Eligibility determination	**X**		
Service delivery	**X**		
Procurement			
Contracting	**X**		
Data collection			
Quality assurance	**X**		
Other (specify)	Community health clinics		
Other (specify) _____			

3.6 How do you avoid crowd-out of private insurance?

In the Virgin Islands, there is no crowd-out of private insurance since CHIP monies are used to pay already incurred medical bills of Medicaid patients once federal Medicaid monies run out.

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SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your SCHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who is enrolled in your SCHIP program?

There is no separate enrollment process for SCHIP. The SCHIP dollars are used to pay for services the Territory is already providing to children, which in States would be eligible for FFP but because of the Federal funding cap were paid for from the Territories' own funds. Once the Territory's spending exceeds the Federal Medicaid cap, it is eligible to use the SCHIP dollars to pay for Medicaid services they are currently providing for children.

4.1.1 What are the characteristics of children enrolled in your SCHIP program? (Section 2108(b)(1)(B)(i))

Characteristics of SCHIP children are exactly the same as Medicaid children.

4.2 Who disenrolled from your SCHIP program and why? What were the reasons for discontinuation of coverage under Medicaid? (Please specify data source, methodologies, and reporting period.) Identify reasons for disenrollment in Table 4.2.3.

Table 4.2.3

Reason for discontinuation of coverage	Territory-wide Medicaid Program	
	Number of disenrollees	Percent of total
Total		
Access to commercial insurance	**X**	Not available
Income too high	**X**	Not available
Aged out of program	**X**	Not available
Moved/died	**X**	Not available
Incomplete documentation	**X**	Not available
Did not reply/unable to contact	**X**	Not available
Other (specify) _____		
Other (specify) _____		

Don’t know		

4.3 How much did you spend on your SCHIP program?

4.3.1 What were the total expenditures for your SCHIP program in federal fiscal year (FFY) 1998 and 1999?

FFY 1998 $429,500

FFY 1999 $263,611

Table 4.3.1 Territory-wide Medicaid Program VIRGIN ISLANDS				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures	$429,500	$263,611	$279,175	$171,347
Premiums for private health insurance (net of cost-sharing offsets)*				
Fee-for-service expenditures (subtotal)				
Inpatient hospital services	$429,500	$234,983	$279,175	$152,739
Inpatient mental health facility services				
Nursing care services				
Physician and surgical services				
Outpatient hospital services				
Outpatient mental health facility services				

Table 4.3.1 Territory-wide Medicaid Program VIRGIN ISLANDS				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Prescribed drugs				
Dental services				
Vision services				
Other practitioners' services				
Clinic services		$27,728		$18,023
Therapy and rehabilitation services				
Laboratory and radiological services		$ 900		$ 585
Durable and disposable medical equipment				
Family planning				
Abortions				
Screening services				
Home health				
Home and community-based services				
Hospice				
Medical transportation				
Case management				
Other services				

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap?_____

What role did the 10 percent cap have in program design? _____

Table 4.3.2		
Type of expenditure	Territory-wide Medicaid Program	
	FFY 1998	FFY 1999
Total computable share	$15,523,835	$13,430,868
Outreach		
Administration	$461,560	$602,171
Other		
Federal share	$5,260,000	$5,400,000
Outreach		
Administration	$805,000	$775,000
Other _____		

4.3.3 What were the non-Federal sources of funds spent on your SCHIP program (Section 2108(b)(1)(B)(vii))

X Territory appropriations
___ County/local funds
___ Employer contributions
___ Foundation grants
___ Private donations (such as United Way, sponsorship)
___ Other (specify) _____

4.4 How are you assuring your Medicaid/SCHIP enrollees have access to care and how are you assuring quality of care?

Our enrollees do not have freedom of choice and utilize the local government hospitals and clinics. Access to care is legislated that no person can be refused medical care in the Virgin Islands. Our quality control unit performs continual quality control on our certification units.

4.4.1 Please indicate below which processes (if any) you use to monitor access/quality in your Medicaid/SCHIP program?

Table 4.4.1 - Access	
Approaches to monitoring access	Territory-wide Medicaid Program
Appointment audits	**X**
PCP/enrollee ratios	
Time/distance standards	
Urgent/routine care access standards	**X**
Network capacity reviews (rural providers, safety net providers, specialty mix)	
Complaint/grievance/disenrollment reviews	**X**
Case file reviews	**X**
Beneficiary surveys	
Utilization analysis (emergency room use, preventive care use)	
Other (specify) _____	
Other (specify) _____	
Other (specify) _____	

Table 4.4.1 - Quality	
Approaches to monitoring quality	Territory-wide Medicaid Program
Focused studies (specify)	**X**
Client satisfaction surveys	
Complaint/grievance/disenrollment reviews	**X**
Sentinel event reviews	
Plan site visits	
Case file reviews	**X**
Independent peer review	
HEDIS performance measurement	
Other performance measurement (specify)	
Other (specify)	
Other (specify)	
Other (specify)	

4.4.2 What information (if any) is currently available on access and quality by Medicaid/SCHIP enrollees in your Territory? What plans does your Medicaid/SCHIP program have for future monitoring/evaluation of access/quality? When will data be available? Please also describe any challenges in data collection and analysis that have been encountered.

We have case reviews for any special services, e.g. off island medical care, recertification of nursing home patients annually, quality control reviews on client files. We plan to continue the routine quality control monitoring as above

4.4.3 What kind of managed care utilization data are you collecting for each of your SCHIP programs?
If your Territory has no contracts with health plans, skip to section 4.4.4.

N/A

Table 4.4.3	
Type of utilization data	Territory-wide Medicaid Program
Requiring submission of raw encounter data by health plans	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No
Other (specify)_____	___ Yes ___ No

4.4.4 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your Medicaid/SCHIP program's performance. Please list attachments here.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the Territory during the early "implementation" of its SCHIP program as well as to discuss ways in which the Territory plans to improve its Medicaid program in the future. The Territory evaluation should conclude with recommendations of how the Title XXI program could be improved.

5.1 What worked and what didn't work when "designing and implementing" your SCHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible.

It is most unfortunate that the Virgin Islands and the other territories were not given enough money to establish a full fledged SCHIP program for truly it is these specific areas which could have benefited from appropriate funding particularly given the drastic underfunding of the Medicaid program.

5.2 What plans does your Territory have for "improving the availability of health insurance and health care for children"? (Section 2108(b)(1)(F))

Both our immediate and long term plans are to work with HCFA, APHSA, our Delegate to Congress, and congressional contacts to convince Congress that the SCHIP law needs to be changed to allow the Territories to institute an appropriate and well-needed SCHIP program. To do this, Congress would have to approve an amendment which would grant the Territories SCHIP monies on the same basis as the States, utilizing the same formula.

Without additional funding to create a true State Children's Health Insurance Program, there is no possibility of improving the availability of health insurance and health care for children because the local governments are already overburdened with at least 70% of the cost of the Medicaid program. Congress needs to understand that the Territories were short changed both in Medicaid and SCHIP allocations and that they need to correct these major deficiencies in the Medicaid and SCHIP laws. Only then can we talk about "improving the availability of health insurance and health care for children".

5.3 What recommendations does your Territory have for improving the Title XXI program? (Section 2108(b)(1)(G))

1. *Eliminate the Federal fiscal ceiling which Congress established and allow open ended Medicaid funding.*
2. *Increase the Territories' share of the Federal Medical Assistance Percentage (FMAP). Utilize the existing formula for States defined in §1905(b) and §1101(a)(8)(B) of the Social Security Act to compute FMAP for the Territories. Revise those statutes to eliminate the arbitrary designation of 50 percent FMAP for the Territories. These actions will allow for an adjustment in the SCHIP enhanced FMAP as well.*
3. Increase SCHIP appropriations to Territories in line with the formula used to allocate

SCHIP funds to States.